

Correspondence

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TO THE EDITOR, *Genitourinary Medicine*

Low dose oral ofloxacin to treat gonorrhoea in Hong Kong

Sir,
Penicillin resistant gonococci are now common in the Far East.^{1,2} In Hong Kong, 50% of all new male patients with gonorrhoea are infected by penicillin resistant strains.³ In an attempt to find a simple, safe alternative to penicillin, we undertook a trial of oral ofloxacin.

Ofloxacin is one of the new quinolone antibiotics. Quinolones have high in vitro activity against gonococci, and both norfloxacin and ciprofloxacin have been used successfully to treat uncomplicated urethral gonorrhoea in men.⁴⁻⁷ Ofloxacin has an MIC against gonococci of 0.1 g/l, which is superior to that of norfloxacin but slightly inferior to that of ciprofloxacin.⁸

During 1986, 104 consecutive men attending the British Military Hospital, Hong Kong with untreated urethral gonorrhoea were treated with a single 300 mg dose of ofloxacin by mouth. Gonorrhoea was diagnosed on the basis of finding intracellular Gram negative diplococci in the urethral smears or by culture (Gibco GC selective medium). All the men were instructed to abstain from further intercourse and re-examined on days 7 and 21. Treatment failure was defined as the persistence of gonococci in the urethral samples either on microscopy or culture when patients had abstained from further sexual intercourse. Postgonococcal urethritis was defined by more than 10 polymorphonuclear leucocytes per high power field ($\times 1000$) in the urethral discharge in the absence of gonococci and further intercourse.

Of the 104 men, 103 were followed up for 21 days. Of these, 98 (95%) were cured. None of the five treatment failures had had further intercourse during follow up. Three still had evidence of gonorrhoea on day 7, whereas two were apparently cured on day 7 but had clinical and bacteriological relapse by day 21. All were cured by spectinomycin. Thirty eight men (37%) had developed post-gonococcal urethritis by day 21. None had had further intercourse. No drug side effects were reported.

It appears that, even in areas where penicillin resistance is common, a single 300 mg

dose of ofloxacin provides a simple and effective treatment for gonorrhoea in men. Despite evidence that the drug is active against chlamydiae and *Ureaplasma urealyticum*, a single 300 mg dose appears to confer no protection against post-gonococcal urethritis.^{9,8} (and Tolman EC, *et al*, unpublished observation) Ofloxacin is now being used as first line treatment for gonorrhoea at the British Military Hospital, Hong Kong.

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TO THE EDITOR, *Genitourinary Medicine*

Use of slide latex agglutination test for rapid diagnosis of vaginal candidosis

Sir,
We read with interest the recent paper describing a new slide latex agglutination test for rapid diagnosis of vaginal candidosis.¹ For comparison, we present a study in which we compared the slide latex agglutination with microscopy and culture for detecting pathogenic *Candida albicans* in vaginal swabs from 100 unselected women attending a genitourinary medicine clinic.

Eighteen women had vulvovaginal candidosis (characteristic symptoms of candidosis confirmed by either microscopy or culture). The sensitivity, specificity, and overall correlation were 78%, 90%, and 88% for slide latex agglutination, 56%, 100%, and 92% for microscopy and 100%, 94%, and 95% for culture (table). Compared with culture the sensitivity, specificity, and overall correlation for slide latex agglutination were 61%, 88%, and 82% respectively.

Of the nine women who had false positive slide latex agglutination test results, *Ureaplasma urealyticum*, *Mycoplasma hominis*, and *Gardnerella vaginalis* were isolated from four, and *Trichomonas vaginalis* and human papillomavirus were identified in two. *G. vaginalis*, *T. vaginalis*, and papillomavirus, however, have been found not to cross react with the latex, and cross reactivity studies on genital mycoplasmas are planned in the near future (Ryder P, Marketing Manager, Mercia Diagnostics Limited, personal communication).

Table Comparison of three methods of detecting pathogenic *Candida albicans* in vaginal swabs ($n = 100$)

	Slide latex	Microscopy	Culture
True positive	14	10	18
False positive	9	1	5
True negative	74	82	77
False negative	3	7	0
Sensitivity	78%	56%	100%
Specificity	90%	100%	94%

Definition of true positive: positive test in a patient with vulvovaginal candidosis.